

Control Number: 50595



Item Number: 116

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Public Utility Commission of Texas 2020 MAY -1 MIO: 26

Employee Training Report Required by 16 Texas Admin. Code § 25.97(d)

PROJECT NO. 50595

AFFECTED ENTITY: Trinity Valley Electric Cooperative Inc.

General Information

Pursuant to 16 Texas Admin. Code § 25.97(d)(2), not later than the 30th day after the date an affected entity finalizes a material change to a document or training program, the affected entity must submit an updated report. The first report must be submitted not later than May 1, 2020.

Instructions

Answer all questions, fill-in all blanks, and have the report notarized in the Affidavit.

Mffidavit

A representative of the affected entity must swear to and affirm the truthfulness, correctness, and completeness of the information provided by attaching a signed and notarized copy of the Affidavit provided with this form.

Liling Instructions

Submit four copies (an original and three copies) of the completed form and signed and notarized Affidavit to:

Central Records Filing Clerk Public Utility Commission of Texas 1701 N. Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326 Telephone: (512) 936-7180

electric distrib	oution facilities. D	Oue to the resent	s for hazard recog COVID-19 pander een suspended to	nic precautionary	state and loc

PROJECT NO. 50595

Affected Entity: Trinity Valle Electric Cooperative Inc.

Provide a summary description of training programs you provide your employees to the National Electrical Safety Code for construction of electric transmission an distribution lines.	
Trinity Valley Electric Cooperative Inc. has plans for training on the related National Electrical Codes for the construction of electric distribution lines. Due to the resent COVID-19 pandemic precautionary state and local orders, our previously scheduled training has been suspended to a future date.	•

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Affected Entity: Trinity Valley Electric Cooperative Inc.

AFFIDAVIT

I swear or affirm that I have personal knowledge of the facts stated in this report or am relying on people with personal knowledge, that I am competent to testify to them, and that I have the authority to submit this report on behalf of the affected entity. I further swear or affirm that all statements made in this report are true, correct, and complete.

Signature

Chad Marshall Printed Name

Manager of Safety and Loss Control

Job Title

Trinity Valley Electric Cooperative Inc.

Name of Affected Entity

Sworn and subscribed before me this 2

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SABRINA CARDENAS My Notary ID # 130234717 Expires May 20, 2023

Notary Public in and For the State of

My commission expires on

5/20/2023